



3 NUTRITION SERVICES

Effective: 2/1/2005

3.42 Breastfeeding Peer Counseling

POLICY: WIC Projects may implement a breastfeeding peer counselor program as part of their breastfeeding promotion and support plan. If a project chooses to implement a breastfeeding peer counselor program, they must comply with the procedures outlined below. For breastfeeding peer counselor projects implemented prior to October 1, 2004 it is recommended that they adopt the procedures in this policy to ensure that all components of the USDA, Food and Nutrition Service model are met.

PROGRAM GOAL: Including breastfeeding peer counseling with ongoing breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants. It is the goal of this program to increase the rates of exclusive and sustained breastfeeding among WIC participants. The long-range goal of the program is to institutionalize breastfeeding peer counseling as a core service in the WIC Program.

PROCEDURE:

A. WIC BREASTFEEDING PEER COUNSELOR QUALIFICATIONS

1. A WIC Breastfeeding Peer Counselor is a paraprofessional with breastfeeding experience who is selected from the group to be served and is trained and given ongoing supervision who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.
2. A WIC Breastfeeding Peer Counselor must meet the following qualifications prior to functioning as a peer counselor.
 - a) Complete the Loving Support through Peer Counseling training program (available spring 2005). A *Certificate of Completion* will document that the peer counselor has met the basic competencies to function in this role. For peer counselor projects implemented prior to October 1, 2004 who have used another peer training curricula it is required that these peer counselors complete the Loving Support through Peer Counseling training program
 - b) Be recruited from the target population that is to be served.
 - c) Have successfully breastfed at least one infant for a minimum of six months. It is recognized that in some population groups breastfeeding > 6 months is rare. If a potential peer counselor has met the other qualifications the State WIC Breastfeeding Coordinator may waive this criteria prior to acceptance as a peer counselor.



- d) Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
3. It is recommended that WIC Breastfeeding Peer Counselors have the following characteristics:
 - a) basic written and verbal communication skills,
 - b) a current or previous WIC participant,
 - c) of a similar ethnic/racial background to the WIC participants she will be assigned, and
 - d) speak the same language as the WIC participants she will be assigned.
4. A WIC Breastfeeding Peer Counselor must obtain at least 50 hours of continuing education every 5 years per identified training needs. They must be directly or technically supervised and mentored by the local WIC Breastfeeding Coordinator or designated Peer Counselor Program Coordinator.

B. WIC BREASTFEEDING PEER COUNSELOR JOB PARAMETERS

1. Recommended contact frequency
 - a) Prenatal: Peer counselors should have at least one contact with the mother during pregnancy.
 - b) Postpartum: Peer counselors should initiate contacts with new mothers:
 - every 2-3 days in the first critical 7-10 days postpartum; daily if the mother reports problems with breastfeeding;
 - within 24 hours if the mother reports problems (making appropriate referrals if problems are not resolved);
 - weekly throughout the rest of the first month; and
 - monthly throughout the rest of the first year, as needed
2. Content of contacts
 - a) Prenatal: A peer counselor can help explore a mother's individual barriers to breastfeeding and help the mother overcome these barriers. Education about basic breastfeeding techniques and how to get breastfeeding off to a good start may be provided.



- b) Postpartum: During the postpartum period, peer counselors provide support and a link to help for new mothers. Contacts help mothers with concerns, support and appropriate referrals. Peer counselors normally deal only with basic issues and helping mothers see what is “normal”.
- 3. The local project must develop a written peer counseling program policy that includes:
 - a) where the peer counseling contacts will take place. This may include contacts in the WIC clinic, by telephone/e-mail, in classes, mail, home visit or hospital visit;
 - b) how the contacts will be documented by the peer counselor. Sample client contact logs are available;
 - c) the hours that peer counselors are available;
 - d) how potential clients will be assigned to a peer counselor;
 - e) how peer counselors will make referrals for issues beyond their scope and to whom the referrals should be made.
- 4. Confidentiality
 - a) All peer counselors must sign a confidentiality statement and adhere to the WIC confidentiality requirements. A sample confidentiality statement is attached. Also see policy 10.41.
- 5. Local projects must have a peer counselor job description. A sample job description is attached.

C. COMPENSATION AND REIMBURSEMENT OF PEER COUNSELORS

- 1. Local agencies must provide peer counselors with reimbursement or compensation for their work. It will be the local agency responsibility to assure that the method of compensation chosen is allowable by state law and agency policy. The compensation plan should be available for review upon request. There are several options to consider:
 - a) the peer counselor may be hired as a staff person at the same general hourly rate typical of other entry level positions in the agency; or
 - b) the peer counselor may be compensated a specified dollar amount for each woman contacted; each meeting attended, etc. The compensation should be comparable to that of an entry level staff person; or



- c) the peer counselor may receive a stipend for a designated amount of work completed or trainings attended. The compensation should be comparable to that of an entry-level staff person.
- d) Is it also recommended that the compensation plan include provisions for travel allowances for meetings and if contacts are provided by home or hospital visit, to cover training expenses, and reimburse or compensate for telephone and other expenses.

D. TRAINING

1. Research has shown that regular provision of training and continuing education for peer counselor program coordinators, clinic staff and peer counselors is a valued component of a successful peer counseling program. The State WIC Office will coordinate the following training sessions.
 - a) Local peer counselor program coordinators must receive training in how to manage peer counseling programs through “Using Loving Support to Manage Peer Counseling Programs” training curriculum.
 - b) WIC clinic staff in projects implementing a peer counselor program must receive training about the role of the WIC peer counselor through the “Peer Counseling: Making a Difference for WIC Families” training presentation. This training should be provided at the beginning of the project and in the orientation plan for new hires.
 - c) WIC peer counselors must receive training utilizing the “Loving Support through Peer Counseling” curriculum.
2. Other training and continuing education options to consider.
 - a) WIC clinic staff will benefit from attending the “Loving Support through Peer Counseling” training in that they will hear the same information the that peer counselors will be giving to new mothers.
 - b) Include information about the peer counseling program in the orientation plan for new WIC staff.
 - c) Independent study allows for peer counselors to continue their learning at their own pace and in areas where additional study is needed. This does not replace structured learning but should enhance these programs.
 - d) Observational learning is very helpful for peer counseling. Opportunities for observation include shadowing a public health nurse making a home visit with



a new mother, observing a WIC Nutritionist counseling a new mother or attending hospital or clinic breastfeeding classes.

- e) Ongoing training opportunities should be made available to peer counselors. These include monthly staff meetings with other peer counselors, regular WIC staff meetings, breastfeeding conferences and other WIC trainings.
- f) WIC peer counselors may be cross-trained to become familiar with the WIC Program.

E. SUPERVISION AND MONITORING OF PEER COUNSELORS

1. Local projects must designate a WIC Breastfeeding Peer Counselor Program Coordinator who meets the qualifications outlined in policy 10.23. This person must have adequate time to perform the duties of this position.
2. The WIC Breastfeeding Peer Counselor Program Coordinator is responsible for assuring that the work of the peer counselors is regularly monitored. There are a variety of ways to monitor the work of the peer counselors.
 - a) Weekly or biweekly contacts between the program coordinator and the peer counselor to review the work and discuss the clients they are contacting. These contacts may be face-to-face, by telephone, or by email.
 - b) The client contact logs should be reviewed monthly to determine how often peer counselors are making contacts with new mothers and to assess whether appropriate referrals are being made.
 - c) Spot checks should be routinely conducted by selecting one or two clients from the contact log and contacting the mother. The spot check should focus on making sure that the mother's needs were met and not as "checking up" on the peer counselor.

F. ESTABLISHING COMMUNITY PARTNERSHIPS

WIC mothers have the best chance of overcoming their barriers to breastfeeding when there is general community-wide support for breastfeeding. When a mother is able to receive consistent, accurate information from all providers and return to work, school and her social life with support for breastfeeding readily apparent, she is well on her way to being able to meet the goals set for her and her family.

There are many potential partnerships that can enhance the effectiveness of a peer counseling program within the community. WIC projects implementing a peer counseling program should explore the feasibility of these partnerships.



1. Breastfeeding Coalitions - participation in state and local breastfeeding coalitions are valuable for helping spread the word about the program to healthcare providers and mothers in the community. Coalitions are also a source of potential trainers and referral sources for peer counselors.
2. Businesses - some peer counselors work to establish relationships with community businesses and seek partnerships in promoting and implementing various breastfeeding support programs and activities in the community. These partnerships can include businesses such as worksites that employ large numbers of WIC clients, department stores, childcare centers, schools and faith-based organizations.
3. Community Organizations - organizations that reach the same population served by WIC are ideal partners. Some of these include the Early Head Start Program, teen parenting groups, community service organizations, and other similar groups.
4. Cooperative Extension Program - the local Extension program educators are often in the homes of new mothers and can provide information and referrals about the peer counseling program. The program educators may also attend the breastfeeding training so that they can provide consistent and accurate information.
5. Wisconsin Association of Lactation Consultants (WALC) - is the Wisconsin affiliate of the professional organization for lactation consultants. IBCLC's can provide training for peer counselors as well as a referral source for mothers who are experiencing breastfeeding difficulties.
6. La Leche League - is an international mother-to-mother support program. La Leche League leaders are important links to the community by providing referrals of WIC mothers who need assistance. WIC may also refer mothers who do not meet the WIC eligibility criteria to La Leche League for breastfeeding support.
7. Public Health Programs - many of the public health programs serve the same population as the WIC Program and are ideal partners.
8. Clinics and Hospitals - establishing a referral network with local clinics and hospitals is an ideal way to strengthen a peer counseling program. Local clinics and hospitals can assist by making recommendations of potential peer counselors and setting up a referral program to provide seamless care.

NOTES:

References:

- Using Loving Support® to Manage Peer Counseling Programs, 2004



ATTACHMENTS:

- Sample peer counselor job description

Sample Job Description

WIC BREASTFEEDING PEER COUNSELOR

Title: WIC BREASTFEEDING PEER COUNSELOR

General Description:

A WIC Breastfeeding Peer Counselor is a paraprofessional with breastfeeding experience who is selected from the group to be served and is trained and given ongoing supervision who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

Qualifications:

- Has successfully breastfed at least one infant for at least 6 months (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Be a member of the population that will be served.
- Complete required training.

Training:

- Completes the training sessions required to become and continue as a WIC Breastfeeding Peer Counselor.
- Observes other peer counselors or lactation consultants helping mother's breastfeed.
- Reads assigned books or materials about breastfeeding.

Additional Work Requirements:

- Can work about <<X>> hours a week.
- Is available to work during the following hours: <<usual hours of work>>
- Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
- Has access to a telephone, and is willing to make/receive phone calls from home.
- Has reliable transportation.
- Sign a confidentiality statement.

Supervision:

The peer counselor is supervised by the local project WIC Breastfeeding Peer Counselor Program Coordinator.

Specific Duties:

The WIC Peer Counselor:



1. Attends training sessions to become a WIC breastfeeding peer counselor.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, WIC clinic visits, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
4. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
5. Respects each client by keeping her information strictly confidential.
6. Keeps accurate records of all contacts made with WIC clients.
7. Refers mothers, according to clinic-established protocols, to the:
 - WIC breastfeeding coordinator or nutritionist
 - Lactation consultant
 - The mother's physician or nurse
 - Public health programs in the community
 - Social service agencies
8. Attends and assists with prenatal classes and breastfeeding support groups.
9. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
10. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
11. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

WIC Breastfeeding Peer Counselor

Date



SAMPLE CONFIDENTIALITY STATEMENT

Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels...between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss client information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a client. This includes ensuring that client records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all client information and records. I understand that it is my job to share client information *only* with staff involved in the case, and understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized WIC Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

Name (*please print*)

Signature

Date

Witness

Date